

心因性と特発性の味覚障害患者に対するロフラゼパ酸エチルの効果

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Efficacy of ethyl loflazepate in patients with psychogenic and idiopathic taste disorder

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Abstract: Ethyl loflazepate of benzodiazepine anxiolytics (ethyl loflazepate: EL) is a drug that is frequently used in dental psychosomatic disorders. It has been reported that EL activates the taste center. In our department, we are using EL as a first-line treatment of psychogenic or idiopathic taste disorders. In this retrospective study, we examined the efficacy and safety of EL for treating taste disorder patients.

There were 31 patients (10 males and 21 females, mean age: 60 years old) in this study who were diagnosed with taste disorders from 2006 to April, 2014. Patients who received EL as their only treatment (1mg/day) for more than 14 days qualified for this study. Any psychogenic or idiopathic patient whose subjective VAS of pain had been reduced by more than 50% after administration of EL for 4 weeks was defined as improved.

The improvement rates for psychogenic taste disorder patients and idiopathic taste disorder patients were respectively 67% and 54%. From the administration of EL, 84% improved within two weeks. 8 patients experienced side effects (sleepiness: 7 cases, dizziness: 1 case). EL had two benefits, its efficacy could be assessed early and both psychogenic and idiopathic taste disorder patients could be treated with it.

We concluded that EL was an appropriate medicine for patients with idiopathic and psychogenic taste disorders.

key words: ethyl loflazepate, psychogenic taste disorder, idiopathic taste disorder
キーワード: ロフラゼパ酸エチル, 心因性味覚障害, 特発性味覚障害

緒 言

ベンゾジアゼピン系抗不安薬のロフラゼパ酸エチル (ethyl loflazepate 以下 EL) は高齢者にも安全性が高いことから、以前より歯科心身症で頻用されている薬剤¹⁾である。また、ベンゾジアゼピン系抗不安薬は味覚中枢を活性化作用を併せもつことが報告されて

いる²⁾。当科では味覚障害を系統的に診断、治療³⁻⁷⁾し、味覚障害の原因が明らかでない特発性や心因性が疑われる場合には、第一選択薬として EL を用いてきた。しかし、本邦で味覚障害に対する EL の効果についての詳細な検討は、高橋ら⁸⁾の報告のみである。そこで今回、当科における味覚障害患者に対する EL の有効性と安全性を後方視的に検討した。

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Two cases of tongue biting due to stress successfully treated by anti-anxiety medication

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ストレスから生じた舌咬傷に抗不安薬が有効であった2症例

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抄録：口腔粘膜の咬傷は日常臨床でしばしばみられる。咬傷を繰り返す症例では、治療に苦慮することがある。今回我々は、ストレスから生じた舌咬傷に対し、抗不安薬が奏効した2症例を報告する。

【症例1】患者は、64歳、男性。数年来、舌咬傷を繰り返すことを主訴に来院した。舌背の中央に咬傷がみられ、痛みと出血がみられた。既往として、2型糖尿病、心臓弁膜症、慢性腎不全があった。ワーファリンを服用中であったが、継続のまま縫合処置を行い止血に時間を要した。その後咬傷を繰り返し再度の出血をみた。ストレスによる舌咬傷と診断し、初診の5か月後から、クロチアゼパムの投与を開始し、速やかに奏効しその後咬傷は認められなかった。初診の3年後に急性心不全にて死の転帰となったが、その間服薬を継続した結果咬傷は再発しなかった。

【症例2】患者は、71歳、男性。数年来、舌の咬傷を繰り返すことを主訴に来院。舌背の中央に咬傷が認められた。既往は、不整脈と、前立腺癌であった。ストレスによる舌咬傷と診断した。治療は、ワーファリン服用のまま縫合し容易に止血した。さらに、クロチアゼパムの投与を開始した。その後は、速やかに咬傷は改善した。3か月間の服用期間中、再発は認められなかった。

以上から、抗不安薬の投与は、ストレスから生じた舌咬傷に対し有効な治療方法と考えられた。

key words : tongue biting, antianxiety drugs, drug therapy

キーワード : 舌咬傷, 抗不安薬, 薬物療法

Introduction

Biting of the oral mucosa is commonly considered to be self-injurious behavior in patients who suffer from disturbed consciousness/stress related problems/emotional disturbance/psychological problems or intellectual disability. However, it also occurs in healthy persons when an oral prosthesis is first attached, or while talking or eating. The cause of biting of the oral mucosa is usually unknown.

We would like to report on a summary of our experiences with patients having a history of chronic tongue biting due to stress, whose symptoms improved with the administration of anti-anxiety

medication.

[Case 1]

The first case is of an unemployed, 64-year-old male patient who visited our department with a chief complaint of bleeding from the tongue.

The patient was taken to the emergency department of our hospital because he had lost consciousness due to blood loss, which had continued for two consecutive days since he had bitten his tongue by mistake while eating. The patient was diagnosed with hemorrhagic shock and was transferred from the emergency department to our department for hemostasis. He had a history of frequently biting his

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少量のアリピプラゾールが奏功した Phantom Bite Syndrome の2症例

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Low-dose aripiprazole monotherapy improved phantom bite syndrome: a case report

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Abstract: Phantom bite syndrome (PBS) is characterized as a persistent complaint of uncomfortable occlusion without an objective occlusal discrepancy. The efficacy of antidepressants for PBS is well known, however, some PBS patients showed insufficient improvements and some even could not continue because of adverse events. This is the first case report of PBS patients responded to low-dose aripiprazole monotherapy.

Case 1: A 46-year-old working woman had been suffering from occlusal discomfort since she had the dental practice on her lower left molar. Repeated occlusal adjustments and prosthesis treatment never resolved the symptoms, and even made the situation worse. After 8 weeks of taking 0.5mg/day of aripiprazole, the phantom bite symptom remarkably improved, and 11 weeks later with 1.0mg/day of aripiprazole, symptom totally disappeared. After finishing her dental treatments, she stopped taking aripiprazole in week 50, and the PBS was not found until her last follow-up visit 5 months later.

Case 2: A 55-year-old woman, a teacher in a junior high school. She complained of the uneven bite on her left molar. For 4 years, she kept seeking treatment among varying dental clinics to repeat having occlusal treatments including orthodontics. She was initiated on 1.0mg/day of aripiprazole. Seven weeks later, PBS was improved, and in week 64, her dental treatments were finished. Her symptoms improved satisfactory and preserved with the same dose of aripiprazole.

In both cases, no intolerable adverse event was observed through the treatments. Low-dose of aripiprazole may be an effective option for the treatment of PBS.

key words : Phantom Bite Syndrome, low-dose aripiprazole monotherapy, dental treatments
キーワード : 咬合異常感, 少量のアリピプラゾール単剤療法, 歯科処置

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初診時顎関節症と診断した群発性頭痛の1例

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A Case of Cluster Headaches, diagnosed Temporomandibular joint disorder at the fast visit

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Abstract: Cluster headache is a disease in which unendurable headaches occur every night for 1-2 months and recurs after 1-2 years, and this may be repeated again and again. The pain is as if the eyeballs are being gouged out. In this study, we report on a patient who was diagnosed with temporomandibular joint (TMJ) arthrosis at the first examination, and was thereafter diagnosed with cluster headaches based on subsequent acute pain.

Patient: A 29-year-old female

Chief complaint: Pain ranging from the left temporomandibular joint area to the temporal muscle

History of the present illness: Night-time pain in the left temporomandibular joint area that continued for 2-3 weeks, frequently occurring after drinking. The patient visited our department because she had been aware of a clicking sensation in the left temporomandibular joint from before pain onset.

Presenting symptoms: The mouth-opening distance was 42 mm, with clicking in the left temporomandibular joint during mouth-opening, and tenderness in the left masseter muscle.

Clinical course: At the first examination, the patient was diagnosed with typical TMJ arthrosis, and analgesics were administered. However, she could not sleep due to acute pain, and visited our department again as an emergency case 2 days later. She explained that pain occurred during sleeping after drinking, and felt as if she were being hit with a blunt instrument. Furthermore, she stated that she had recently been under a great deal of stress due to responsibilities at work. Although cluster headache was suspected, anxiolytics were additionally administered as a precaution. The patient was referred to a local pain clinic 2 days later because the pain did not subside. However, the pain was alleviated after triptan was administered.

Discussion: We encountered a patient who had been diagnosed with TMJ arthrosis at the first examination, and thereafter diagnosed with cluster headache based on subsequent acute pain. We consider that early diagnosis should be performed considering the severity of the pain.

key words: cluster headache, temporomandibular joint arthrosis, acute pain

キーワード: 群発性頭痛, 顎関節症, 激痛

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